

Health Department, City of Baltimore.

Permit No.

511

Office of Registrar of Vital Statistics.

Ward

1-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 20th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Ann Kate Fleckenstein

Sex, Male or Female, { Cross out the word not required in this line. }

female

Age, Years,

4 Months,

Days.

Color,

white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

since born

Place of Death, { Give Street and Number. }

24 S. Castle St

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cem.

Date of Burial,

June 21st 87

Undertaker,

E. Thane

Place of Business,

York & Wolfe

Address,

P. G. Dausch, M. D.

Medical Attendant.

1727 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A. 572 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within forty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1887

Full Name of Deceased, John Scott. { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, 20 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, Baltimore Md. { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, From birth

Place of Death, 118 S. Madeira Alley { Give Street and Number. }

Cause of Death, Marasmus { First (Primary), }
Exhaustion { Second (Immediate), }

Duration of Last Sickness, a week

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial, June 21st 1887

{ Undertaker, G. France } W.R. Way M. D. Medical Attendant.

{ Place of Business, 320 N. 8th St. } Address, 414 S. Patterson Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 573 Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th. June 1887.
 Full Name of Deceased, Maria Juliana Herr
 Sex, Female
 Age, 1 Years, 22 Months, 22 Days.
 Color, white

Married, Single, Widow or Widower, Single

Occupation, None

Birth Place, Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, S. Surkman Street 429

Cause of Death, Eclampsia

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, June 21st 87

Undertaker, E. Francis

Place of Business, York & Wagon

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A. 577

Office of Registrar of Vital Statistics.

Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane McEnroe

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 45 Years, Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give Street and Number. } 1619 Aisquith St

Cause of Death, { First (Primary), Second (Immediate), } Cancer of Uterus

Duration of Last Sickness, About 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 22^d

Undertaker, H. C. Windefield

M. B. Billingslee M. D.
Medical Attendant.

Place of Business, 916 Green Mt address, 1206 E. Preston

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No.

575

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 20th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Henry Blanguet

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

45

Years,

6

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Cigar maker

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

6 years

Place of Death,

{ Give Street and Number. }

1022 Hollins St

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Tuberculosis

Duration of Last Sickness,

6 months

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

June 22nd 1887

Undertaker,

Jas B Cook

Place of Business,

1003 W. Balpham

Address,

610 N. Sharp St

J. M. Gombel M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 576

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1887

Full Name of Deceased, Frank Wise

Sex, Male or Female, Male

Age, 3 Years, 3 Months, 24 Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation,

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, St. Vincent's Hosp. Asylum -

Cause of Death, Neurasmus

First (Primary), Ex -

Second (Immediate), one month

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, West End Cemetery

Date of Burial, June 23 1887

Undertaker, John Barron

Place of Business, Division St.

J. J. Flannery M. D.
Medical Attendant.

Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department City of Baltimore.

Permit No. A 517

Office of Registrar of Vital Statistics.

Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 87

Full Name of Deceased, Leodegunda Headley
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 1 Years, 1 Months, 1 Days

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, None

Birth Place, Baltimore City
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 911 N. Bond St.
{ Give Street and Number. }

Cause of Death, Cholera Infantum
Exhaustion
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 22, 1887

Undertaker, Frank. Leach

Place of Business, 827 N. Durham

Address, 910 N. Bond St.

Charl. B. Fugler M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 5181 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Klemm

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, 9 Months, 9 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1927 Lombard St.

Cause of Death, { First (Primary), Second (Immediate), } Diphtheria
Septicaemia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 22/87

J. B. Cook Undertaker, W. H. Weber M. D. Medical Attendant.

1003 W Balto St Place of Business, 814 W. Lombard St. Address.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department City of Baltimore.

Permit No. A 519 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Kleinmann

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 Years, 3 Months, 17 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Machinist

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } 17 Heyler St.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, About 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, June 23

{ Undertaker, B. J. Gault } Robert S. Rowe M. D. Medical Attendant.

{ Place of Business, 115 West A } Address, 1019 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. A 524 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21 1887

Full Name of Deceased, William F. Cox {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 Years, 11 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, _____

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 2037 Hanover

Cause of Death, {First (Primary), Second (Immediate),} Cholera Infantum

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, June 23, 1887

{Undertaker, Bernard Harle } O. C. Cooke M. D. Medical Attendant.

{Place of Business, 115 West St. } Address, 104 Fort Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]